## TRAVEL EXPENSE CLAIM

## See Instructions and \*Privacy Statement on separate docushare document

CLAIMANT'S NAME								SSAN OR EMPLOYEE NUMBER* DEPARTMENT								
William Douglas Hoffner								Labor & Workforce Development								
POSITIO	N			BARGAINING	SUNIT		DIVISION OR BUREAU EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE									
							Labor	& Workfor	ency	E 25						
RESIDENCE ADDRESS*								RTERS ADDRES			TELEPHONE NUMBER			MBER		
7								Street, Su	ite 2	101	916-327-906			7-9064		
CITY STATE ZIP CODE							CITY				STATE ZIP CODE					
1	'e						mento				CA		95814			
(1) MONTH/YEAR (3)			(4)	(5) MEALS			(6)	(7)	TRAN		ISPORTATION		(8)	(9)		
05	2009 LOCATION							(A)	(B)	(C)	(D)					
(2)		WHERE EXPENSES					INCIDEN-		TYPE	CARFARE, TOLLS,	PRIVA"	TE CAR USE	0.100.1500	TOTAL EXPENSES		
Date	Time	WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T.,L/T, RELO. or DINNER	TALS	COST OF TRANS	USED	PARKING	Miles	Amount	BUSINESS, EXPENSE	FOR DAY		
17	0415	Georgia (Sunday)	178.25	6.00	10.00	18.00	6.00	40.00	A	9.00	31	\$17.050	40.00	324.300		
- 17		Georgia (Suriday)							PC T				r D.			
									'				Bagga	ge)		
18		Atlanta, Georgia	178.25	6.00	10.00	18.00	6.00			9.00			,	227.250		
-10	9	Attanta, Goorgia			. 1											
			178.25	6.00	10.00	18.00	6.00	29.00	Т	9.00	20			256.250		
19		Atlanta, Georgia	170.23	0.00	10.00	10.00	0.00	29.00	'	3.00				230.230		
20		Atlanta, Georgia	178.25	6.00	10.00	18.00	6.00	13.00	Т	9.00				240.250		
	2315	Atlanta, Georgia to							Α							
21	2313	Sacto		6.00	10.00	18.00		40.00	PC	9.00	11	\$6.050	40.00	129.050		
					V				T				Bigga	2		
													DIVINI	7		
						V										
	DELTA AIRLINES STATE CONTRACT W/SAC TRAVEL SERVICES															
		E-				15 5755 945										
(10)	SUBT	OTALS	713.00	30.00	50.00	90.00	24.00	122.00		45.00	42	\$23.100	80.00	\$1,177.10		
COLU		DE (ACCTG: USE ONLY)														
		TOTAL		<u> </u>		<del> </del>										
(4.4) DUD	POSE OF			(11A)		Sumn	2201				(42) NO	DMAL MODIC	HOUDO			
The state of the s		TAILS (Attach receipts/vouchers whe	Description/			Project For Fiscal			(12) NORMAL WORK HOURS							
Repre	sentino	California at the BIO 2	Coat Center			Code	Activity Code	Use Only		(13) PRIVATE VEHICLE LICENSE						
		Convention w/TeamCal											705			
CA Business Investment Services & Business											(14) MIL	EAGE RATE	CLAIMED			
Transp. & Housing Agency												\$0.550				
81													COUNTING OF	FICE		
Business Expense (DE 272 attached) Delta							Document R	ocument Reference F		ared By	PAID BY REVOLVING FUND CHECK NUMBER					
charges \$15 for 1st bag; \$25 for 2nd bag								Document Relative 1 Topared by								
(15) IH	EREBY C	ERTIFY That the above is a true state	ement of the tra-								1					
gre	eater than t	a privately owned vehicle was used, the rate claimed, and that I have met												- 1 14		
	ety and se	at belt usage/ //		DATE ,			(16) CICHAT	IDE OF OFFICER	pppo	NG TRAVEL	ND BAVNEN			DATE		
CLAIMAN	IN AIL-MA	THE STATE OF THE S	2/	2/2	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AN				PAYMENT			1 11-16				
(17) 016	IATIIN	- OF AUTHORITY FOR SP	ECIAL EVDENIS	ES (See 110	7/0	/		- ,	1	/ -	-			6-7-07		
(11) 2111-11		Y AMERICAN FOR SP	LUIAU EAPENS	Lo (ose ilem	i i un reverse	7			/					1.59		
									/					U D.		

## TRAVEL EXPENSE CLAIM

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	II S NAME		Labor & Workforce Development Ag												
		iglas Hoffner		.,							Labor			S	
POSITION	1			BARGAINING	TINU		DIVISION OR BUREAU EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE								
,							Labor & Workforce Developme					gency	E 25		
RESIDEN	ICE ADDR	ESS*						ARTERS ADDRES					TELEPHONE NUMBER		
			801 K	Street, Su	ite 2	101			916-327-9064						
CITY STATE ZIP CODE CA								monto						ZIP CODE	
(1) MON	THOYEAD	(3)	(4)	(5) MEALS			Sacramento (6) (7) TRAN				CA NSPORTATION		(0)	95814	
(1) MON 05	2009	LOCATION	(4)	(5)	VILACO	Γ	(0)	(A)	(B)	(C)	(D)		(8)	(9)	
(2)		WHERE EXPENSES					INCIDEN-	5		CARFARE,	DDI\/A	TE CAR USE			
Date	Time	WERE INCURRED	LODGING	BREAKFAST	LUNCH	O.T.,L/T, RELO. or DINNER	TALS	COST OF TRANS	TYPE USED	TOLLS, PARKING	Miles	Amount	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
14		Sacramento					74 , 74 <b>8</b> ,745-875)		РС		14	\$7.700		7.700	
					-										
		8	18							1					
											1.5				
		V -													
												14			
		-													
													W.F.		
							1 14 1								
(10) SUBTOTALS											14	\$7.700		\$7.70	
COLUN	IN COL	DE (ACCTG: USE ONLY)													
	CLAIM	TOTAL													
(11) PURP				(11A)		mary				(12) NORMAL WORK HOURS					
REMARKS AND DETAILS (Attach receipts/vouchers when required)				Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Use	Fiscal Only		100			
	_	I Economy & Workforce & Education Day	9								(13) PRIVATE VEHICLE LICENSE				
Topic:	Foste	ring Economic Growth & eadership Sacramento	& Job								(14) MIL	EAGE RATE ( \$0.550	CLAIMED	AIMED	
0,000	,,,,,	Saddrenip Gasramonic										AGENCY AC	COUNTING OF	FICE	
							Document Reference Prepared By			USE ONLY PAID BY REVOLVING FUND CHECK NUMBER					
Cal gre safe	ifornia. If a ater than t ety and se	ERTIFY That the above is a true state a privately owned vehicle was used, the rate claimed, and that have met at belt usage.	and if mileage r	ates exceed the	e minimum ra	ate, I certify that	the cost of	operating the vehi	cle was	equal to or				,	
CLAIMANT	ts kignin	TILDE		DATE /	2/-	(16) SIGNATI	LIRE OF OFFICER A	PPROVI	NG TRAVEL A	DATE I DATE					
<u>&gt;</u> (17) SIĞN	ATURE A	NO TITLE OF ANTHORITY FOR SPI	ECIAL EXPENS	NSES (Sad liam 17 d) rayarsa)					7	·/	6-4-04 DATE				
>												****			

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